

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002600

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 4

FILED JAN 11 1963

1. PLACE OF DEATH a. COUNTY Monroe.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. Paris, Missouri		c. CITY OR TOWN Perry, Missouri.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Twp.		d. STREET ADDRESS Perry, Mo.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SARAH ELIZABETH ELAM.			4. DATE OF DEATH Month Day Year Jan 6, 1963.		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-9-77	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ralls Co, Missouri, U.S.A.	
12a. FATHER'S NAME Richard Riley.		12b. MOTHER'S MAIDEN NAME Lucinda White		12c. NAME OF HUSBAND OR WIFE Eugene Elam.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		14. SOCIAL SECURITY NO. 7615		15. INFORMANT Mrs Madge Phears, Perry, Mo.	

16. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Arterio Sclerosis DUE TO (c) 7615		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Paris, Missouri.	COUNTY Paris, Missouri.	STATE Mo.
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21. I attended the deceased from Jan 6 - 12:05 to Jan 6 and last saw her live on Jan 6 - 3 Death occurred at 12:05 A. Jan 6 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Wm M. Bepko M.D.	22b. ADDRESS Paris, Missouri.	22c. DATE SIGNED 1-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1963	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.	23d. LOCATION (City, town, or county) Perry, Missouri.	(State)

24. FUNERAL DIRECTOR Clyde S. Kuehn	ADDRESS Perry, Mo.	25. DATE RECD. BY LOCAL REG. 1-9-63	26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAY 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde W. Wray

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri 1.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.